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ABSTRACT

This speech was made in favor of legislation designed to provide comprehensive preschool education for the nation's children. It is urged that the needs of the handicapped children of our country be particularly considered. Sixty to eighty per cent of the children in classrooms for the retarded are cumulative products of environmental factors. Those children suffering from organic disorders also need and deserve help. A child is born with an "impairment"; whether he becomes "handicapped" or not depends in large measure on the favorability of his early developmental environment. Supportive data is presented from a 5-year-study in early intervention at Vanderbilt University. Also mentioned is a preschool program for deaf children who were subsequently able to enter normal classrooms, but who, without the program, were destined to become deaf mutes. Such specialized programs are impossible without public financial assistance. Both the legislation itself and the concept of comprehensive preschool education for all children are supported with the recommendation that allowances be made for additional models for sensorily and physically impaired children and children from poverty areas. (MH)

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STATEMENT OF

Freeman McConnell, Ph.D.

Chairman, Early Childhood Education Committee

of the

COUNCIL FOR EXCEPTIONAL CHILDREN

TO

THE SELECT SUBCOMMITTEE ON EDUCATION

COMMITTEE ON EDUCATION AND LABOR

U. S. House of Representatives

ABOUT

H. R. 13520

(and Related Bills)

February 26, 1970

PS003209

Statement of Freeman McConnell, Ph.D.
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Mr. Chairman, and Members of the Subcommittee, I wish to thank you for the opportunity to speak in behalf of legislation designed to provide comprehensive preschool education for our nation's children. You have heard a number of authorities in this area present testimony on the importance of those first years of life to the maximum enhancement of the child's growing powers of language, intellect, and cognition so necessary to his future learning and ultimate level of functioning in society.

As chairman of the Early Childhood Education Committee of the Council for Exceptional Children, I wish to urge that you give full consideration to the needs of handicapped children in the proposed legislation which has been introduced. I am glad to note that particular mention is made of the child from low socio-economic background, whose educational progress in our school systems has been a matter of great despair to educators. Some authorities estimate that 60 to 80% of children in classes for retarded children are the cumulative product of environmental rather than physical or organic factors. Present knowledge and experience suggests the culturally disadvantaged child requires a type of educational programming in these first years which differs from that ordinarily provided in both public and private nurseries and kindergartens where the majority of children are from middle or upper middle class backgrounds.

In the same way, the child handicapped as a result of organic damage to some part of his system - the deaf and hard of hearing, the blind and partially seeing, the minimally brain damaged, the cerebral palsied - must also have special programming designed to fit his particular needs in thse first years. In truth, were such programs now provided amply for all handicapped children in this period of life, we have good reason to believe that a substantial number could move on into regular classrooms by school age, thus saving the tax burden of eight to twelve years or more of expensive schooling in special classes and in residential schools.

A child is born with, or may develop, an impairment; whether he is handicapped depends upon the manner in which society makes it possible for him to achieve despite his impairment. Whether it is environmentally or organically induced, we must take into account the nature of the impairment in the infant and preschool years as we plan programs.

Allow me to illustrate through relating some of my own personal experiences in this regard. As a professor and head of a training program at Vanderbilt University, I have the added responsibility of directing the Bill Wilkerson Hearing and Speech Center. This state-owned facility, operated as a private non-profit corporation for the educational and clinical treatment of those with speech, hearing and language disorders, might be described as a model of community coordination and cooperation which has enabled it both to contribute leadership to the community

and deliver services to the public at the same time. Its affiliation with a major private university makes possible a program for preparation of professional personnel. For services to the handicapped, it is supported by local and state health departments, the local board of education and United Givers Fund. We have had a particular interest in the role of early intervention to overcome or alleviate some of the educational failure of children whose potential has been damaged by organic or sociologic factors. Thus, major effort has been directed toward the needs of very young children including infants.

At this time we are conducting a five-year project funded by the Bureau of Education of the Handicapped of the Office of Education which provides for daily, intensive instruction stressing language and sensory-perceptual functioning for more than 100 preschool children in two community day care centers in Nashville's inner city. Now in the fifth year of this project, we have amassed a considerable amount of data on its results. By the end of the third year, a total of 172 children, ages three through five, who had had instruction for one year or more, showed a mean gain of 16.1 I.Q. points after their first nine months of instruction. Subgroup means within the total group ranged from 10 to 24 I.Q. points gain. A total of 42 children enrolled in similar day care centers but exposed only to the traditional day care program served as a control group. Their mean change in I.Q. was -1.2 I.Q. points at the end of the same period. A group of 44 Nashville Headstart

children beginning instruction at age five gained 3.9 I.Q. points in the nine months.

Of greater significance is the fact that when the younger half of one of our experimental subgroups was compared with the older half, the mean gain in I.Q. for the younger children was exactly twice that of the older half (20 I.Q. points vs 10). These data further substantiate that best results can be expected when intervention programs are offered by three and continuing until six or the age of regular school entrance. This is not surprising in view of Bloom's findings that 50% of the child's growth of intelligence occurs by four years of age. Followup data indicate that children entering first grade from this project reflect more favorable performance on school readiness tests in direct proportion to the number of years enrolled in the preschool language and perceptual training. On a specific such test a control group with no training were at the 17th percentile, compared to experimental groups who fell at percentile ranks of 40 to 71 as a function of one through four years of preschool training. It should be noted that those with only one year of the preschool program, although making substantial gains initially, are not as well able to maintain their accelerated level once they are enrolled in the public education system as those with two and three years training. This finding points up the importance of the years <u>before</u> five - the significance of <u>very early</u> intervention - for it is those who have such assistance by three who are much better able to cope with

the exigencies of public education -- at least as it exists today in disadvantaged neighborhoods.

We expect to extend this program soon to eight, and ultimately 13, other day care centers in the target poverty areas of Nashville under funding through the Model Cities program. This development represents another example of a private univeristy-affiliated Center bringing its talents to bear upon the sociologic and educational problems of the community. This endeavor demonstrates that day care centers through contractual relations with other agencies can utilize the resources for specialist help in curriculum planning and delivery of services, for which they could not alone manage staffing nor implementation.

Without public assistance, this sector of the population of course can never be reached, as even the nominal fees of many privately sponsored nursery-kindergartens are beyond the reach of both the indigent and those families who though not indigent are unable to finance any kind of preschool education on a private basis. The children of middle and upper middle class families, although able to afford preschool on a private basis, are not as needful of such opportunities in terms of the educational lags confronting the child from the ghetto.

May I now briefly address myself to the role of early intervention in the instance of a group of deaf children, who are virtually always excluded from preschool programs designed for hearing children because of their inability to communicate. Again,

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through an Office of Education project we demonstrated the value of carefully programmed linguistic and acoustic input through a home teaching program for the parents of young deaf children from birth to three years. We enrolled approximately 100 deaf children. By the time they had reached three years of age, most were experienced hearing aid users and were all embarked on an educational program with language levels of varying degrees. Two children were able by three to enroll in regular nursery and kindergarten, having developed sufficient speech and language to enable them to compete successfully on a full-time basis with normal hearing peers. Only periodic evaluation at the Center has been necessary. A second group of eight have enrolled in regular nursery schools, but return to the Center for one hour of supportive tutoring each day. In all cases, we now enroll normal hearing children in our deaf groups because of the inherent value in having language models of children who are developing normally. We anticipate that two deaf children will enter regular first grade successfully in September, and that several more will be able to do so in 1971. The majority of the total number residing in our area will be able to be integrated into the mainstream of education within the first three or four grades. I must point out that these are children who <u>without</u> the early intervention and parent participation program from the first years of life would have been completely nonverbal - and who without special help would

have been destined to be deaf mutes. The importance of the early help cannot be overemphasized; this kind of help for handicapped children requires specialist personnel to carry out these intended goals.

In conclusion, while supporting the concept of comprehensive preschool education for all children, I belive it is mandatory to allow for additional models for those children with sensory or physical impairment and those from the poverty areas that could provide the special education services that are vitally necessary for their maximum development. And indeed it is these children whose needs are greatest, since they are deprived of much of the stimulation which is afforded the average child in his natural milieu. We have not found in the past that there is much likelihood that those who plan preschool education for the masses of normal children are apt to consider the special needs of the above mentioned groups. Most often he is excluded; if he is admitted, he is tolerated as a nonparticipating pupil if he can refrain from becoming a behavior problem. In the meantime, time is wasted, defeatism and self-concepts of failure set in, and society is ultimately the loser.